SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

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APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Date: Amount Paid:

Permit #: 100 m 1-16-18

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department Bayfield Co. Zoning Dept

APR 09 2015

Refund:

E SPECIAL USE
A. OTHER Telephone: 715-373-3 Cell Phone: 716-373-33-3 Plumber Phone: Written Authorization Attached Uses Use No Harrage Acreage Acreage Acreage Fresent? Yes Present? Yes Use Wetlands In Zone? Page(s) 270 Water Manna Use Well Water

maket de

1/1/100

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit TIMATHA

"Cynthu

Owner(s): Umsthy (If there are Multiple Owner's listed on

Warren Cynthua Warsana Chartha Warsana Heberda All Owners must sign or letter(s) of authorization must accon

must accompany this application)

Date

Ø

2015

Date

Authorized Agent:

SUBNATE: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

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Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Date Stab) (Redewed):

ENTRED

Permit #: Date:

APR 062015 [Fir] Refund: Amount Paid:

			preland	XNon-Shoreland
□ Ves	Distance Structure is from Shoreline : feet	ske, Pond or Flowage	ind	□ Shoreland
Is Property in Floodplain Zone?	Distance Structure is from Shoreline :feet	er, Stream (incl. Intermittent) If yes—continue —	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	
Acreage O	ayview Lot Size	W Townof:	tion 15, Township 49 N, Range 5	Section
n:	Lot(s) No. Block(s) No. Subdivision:		SW 1/4, NW 1/4 Gov't Lot Lot(s)	E
Recorded Document: (i.e. Property Ownership) Yolyme 538 Page(s) 474	Recorded Recorded	PIN: (23 digits) 04- 098 みょう	CT Legal Description: (Use Tax Statement)	PROJECT
Written Authorization Attached Ores ONO	Agent Mailing Address (include City/State/Zip):	Agent Phone: A	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Authorized Ag
(C) () 7) 4 - 163	N WI Plumber:	Contractor Phone: Plu	28155 Friendly Valley Rd	Contractor:
S3/1 (16.3) 428-780 Gell Phone:	Pd Maple Grove, MN	Mailing Address: 19915 Territorial City/State/Zip:	Address of Property:	Address of Property:
□ B.O.A. □ OTHER	☐ SPECIAL USE	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE	TYPE OF PERMIT REQUESTED—▶ XLAND USE □ SA	TYPE OF PER
website www.bayfieldcounty.org/zoning/asp)	Refund:	ayfield Co.	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT	instructions: I Checks are made DO NOT START C
	of the second of		_	The second secon

TYPE OF PERMIT REQUESTED— Owner's Name: Ldw/M K Dob Address of Property:	TYPE OF PERMIT REQUESTED— XLAND USE SANITARY Owner's Name: Address of Property: Address of Property:	OUSE SANITARY Mailing MS K Ctty/St	PRIVY diress:	CONDITIONAL USE City/State/ Maple	CONDITIONAL USE SPECIAL USE B.O.A. OTHER	B.O.A. OTHER
Contractor: Authorized Agent: (P	Contractor: Contractor: Authorized Agent: (Person Signing Application on behalf of Owner(s))	> 0	Contractor Phone: Plur Agent Phone: Age	Plumber: Agent Mailing Add	Plumber: Agent Mailing Address (include City/State/Zip):	
PROJECT	Legal Description: (Use T	Lot(s) PII	Vol & Page	Lot(s) No.	Attached □ Yes □ No Recorded Document: (i.e. Property Ownership) 3 (200 30 Volume	on:
Sw 1/4,	NW 1/4 Gov't Lot 15 , Township 49 N, R	Lot(s)	Page of:	Lot(s) No.	Block(s) No.	on:
☐ Shoreland —	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue — ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue —	n 300 feet of River, Str of Floodplain? If n 1000 feet of Lake, Po	If yescontinue	Distance Strue Distance Strue	Distance Structure is from Shoreline:feet Distance Structure is from Shoreline:feet	Is Property in Floodplain Zone? Ves
XNon-Shoreland						
Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	/pe of ary Sy roper
	New Construction	X1-Story	☐ Seasonal	1	☐ Municipal/City	
·	☐ Addition/Alteration	☐ 1-Story + Loft	> Year Round	□ 2	(New) Sanitary Specify Type:	cify T
5 200	☐ Conversion	□ 2-Story		□ 3	X Sanitary (Exists) Specify Type: シャイン	cify 1
	Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vi	Vaulted (min 200 gallon)
	🗆 Run a Business on	🕱 No Basement		X SNone	☐ Portable (w/service contract)	ontr
					☐ Compost Toilet	
		X Slab			>= None	
Evisting Structure	Eviction Structure. (If normit being applied for is relevant to it)	r is relevant to it)	Length:		Width:	
Drawing of Government on	iction.			70	width: 30	

Proposed Construction: Length: $7O$ Width: $3O$ Height: $1O$
-
Square

Proposed Use	Proposed Structure	Dimensions	Square Footage
	Principal Structure (first structure on property)	(X)	111111111111111111111111111111111111111
T	Residence (i.e. cabin, hunting shack, etc.)	×	
1	with Loft	×	
Residential Use	with a Porch	×	
	with (2 nd) Porch	×	
	with a Deck	×)	
	with (2 nd) Deck	×	and the state of t
Commercial Use	with Attached Garage	~ ×	
7	☐ Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(×	
	Mobile Home (manufactured date)	(×)	
]	Addition/Alteration (specify)	×	and the second s
Municipal Use	X Accessory Building (specify) Pole Shed	(30×40)	1200
DONA for location	Accessory Building Addition/Alteration (specify)	×	,
NDD 1 7 3915	Special Use: (explain)	(x)	
tage year tage tage tage tage tage tage tage tage		(x	
Secretarie! Cia!	Other: (explain)	(x)	The state of the s

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

If we declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfied County** in determining whether to issue a permit. I (we) furnation is the providing on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinan above described property at any reasonable time (of the purpose of inspection.

Owner(s):

Authorized Agent:

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Deed MI Owners must sign or letter(s) of authorization must accompany this application)

Date

	* * * * * * * * * * * * * * * * * * *
Please complete (8) Set Setback from the Cer Setback from the Est Setback from the Bease Setback from the Est Setback from the Bease Set	(2) (3) (5) (4)
Please complete (1) – (7) above (prior to continuing) (8) Sethacks: (measured to the closest point between the Established Right-of-Way) Sethack from the Established Right-of-Way Sethack from the West Lot Line Sethack from the West Lot Line Sethack from the West Lot Line Sethack from the Rorth Lot Line Sethack from the Rorth Lot Line Sethack to Septic Tank or Holding Tank Sethack to Septic Tank Sethack to Septic Tank or Holding Tank Sethack to Septic Tank Sethack to Sep	Sh Sh
te (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point) Description Measurem Centerline of Platted Road 2 Co	our P
point) Measurement Measurement Measurement Measurement Measurement Feet	ow Location of: Proposed Construction North (N) on Plot Plan ow Location of (*): North (N) on Plot Plan ow Location of (*): All Existing Structures on your Property ow: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field ow any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond ow any (*): (*) Wetlands; or (*) Slopes over 20%
	roperty (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Changes in plans must be approved by the Planning & Zoning Dept. Description Desc	HT) and/or (*) Privy (P)
oved by the Planning & Zoning Dept. Measurement Measu	

